

ATTACHMENT A

Preferred Partners Network (PPN)

Membership Application

Preferred Partner Information			
Network application for Preferred Partners (check any that apply)* <input type="checkbox"/> Commercial Trade Ally <input type="checkbox"/> Industrial Trade Ally <input type="checkbox"/> ESCO (NAESCO accredited? <input type="checkbox"/> yes <input type="checkbox"/> no)			
Company (Legal or Parent Name)*			
Business or Trade Name (if different from above)			
Contact Name*			
Contact Title*			
Mailing Address*			
City*	State*	Zip*	
Phone*	Cell Phone	Fax	
E-Mail		Web Site	
Business Type* <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> General Contractor <input type="checkbox"/> Manufacturers' Rep <input type="checkbox"/> Energy Services Co. (ESCO) <input type="checkbox"/> Distributor/Supplier <input type="checkbox"/> Lighting Contractor <input type="checkbox"/> Mechanical Contractor <input type="checkbox"/> EMS/Controls Contractor <input type="checkbox"/> Consultant/Designer <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> Other _____			
Years in Business*	No. of full time Employees	Federal Tax ID# (xx-xxxxxxx or xxx-xx-xxxx)*	
Areas of Expertise (must check at least 1)* <input type="checkbox"/> HVAC <input type="checkbox"/> Geothermal <input type="checkbox"/> Indoor Lighting <input type="checkbox"/> Outdoor Lighting <input type="checkbox"/> Motors <input type="checkbox"/> Refrigeration <input type="checkbox"/> Compressed Air <input type="checkbox"/> Water Heating <input type="checkbox"/> Recommissioning <input type="checkbox"/> EMS/Controls <input type="checkbox"/> Cooking <input type="checkbox"/> Process			
For staff members with applicable credentials, list their names and credentials (Commercial Trade Allies – see table in Membership Requirements section)*			
List contractor and/or business license(s)*			
State, Local and/or Trade Association Memberships			
Power Distributor Areas Served within TVA region (see attached map)*			
Bank and Trade Information			
Bank Name*	Contact Person*	Telephone Number*	Fax Number
<input type="checkbox"/> Most current Dun & Bradstreet report and/or current financial information, per attached Credit Evaluation Guidelines*			

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Customer References

☐ Commercial ☐ Industrial ☐ Government ☐ Institutional

Company

Energy Efficiency Project (brief description including month/year completed)

Contact

Telephone

☐ Commercial ☐ Industrial ☐ Government ☐ Institutional

Company

Energy Efficiency Project (brief description including month/year completed)

Contact

Telephone

☐ Commercial ☐ Industrial ☐ Government ☐ Institutional

Company

Energy Efficiency Project (brief description including month/year completed)

Contact

Telephone

I agree in good faith to meet the membership and performance requirements, and hereby accept all of the terms and conditions set forth in the Preferred Partners Network Requirements. I further certify that I have read those requirements, including, without limitation sections 10 through 14 thereof which read as follows:

Release

ALL PPN MEMBERS AGREE TO RELEASE TVA AND TVA POWER DISTRIBUTORS FROM ANY LIABILITY WITH REGARD TO THE PPN.

Indemnification

ALL PPN MEMBERS SHALL INDEMNIFY, DEFEND, AND HOLD TVA AND TVA POWER DISTRIBUTORS, CONTRACTORS, AGENTS, OR EMPLOYEES HARMLESS FROM ANY CLAIMS, DEMANDS, LIABILITY, SUITS, ACTIONS, LOSSES, COSTS (INCLUDING REASONABLE ATTORNEY'S FEES), AND CLAIMS OF EVERY KIND AND DESCRIPTION FOR INJURIES OR DAMAGES TO ANY PERSON OR PROPERTY, OR IN ANY WAY RELATED TO THE PPN EXCEPT WITH RESPECT TO THE SOLE NEGLIGENCE OF TVA OR A TVA POWER DISTRIBUTOR. ALL PPN MEMBERS SHALL ALSO INDEMNIFY TVA AND TVA POWER DISTRIBUTORS FROM ANY THIRD PARTY CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO PERSONS (INCLUDING DEATH) TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS IN ANY WAY ASSOCIATED WITH THE PPN EXCEPT WITH RESPECT TO THE SOLE NEGLIGENCE OF TVA OR A TVA POWER DISTRIBUTOR.

Limitation of Liability

ALL PPN MEMBERS AGREE THAT TVA AND TVA POWER DISTRIBUTORS SHALL NOT BE LIABLE TO ANY PPN MEMBER, WHETHER IN CONTRACT, IN TORT (INCLUDING NEGLIGENCE AND STRICT LIABILITY), UNDER ANY WARRANTY, OR OTHERWISE, FOR ANY SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL LOSS OR DAMAGE IN ANY WAY CONNECTED WITH THE PPN. IT IS EXPRESSLY RECOGNIZED AND AGREED THAT THE PPN MEMBER SHALL PROMINENTLY INCLUDE SUCH LIMITATION OF LIABILITY IN ANY ARRANGEMENTS THAT IT MAY MAKE WITH TVA AND/OR A TVA POWER DISTRIBUTOR IN CONNECTION WITH ITS PPN MEMBERSHIP.

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No Warranty

ALTHOUGH AFTER TVA HAS GRANTED MEMBERSHIP TO THE PPN MEMBER, THE PPN MEMBER IS ELIGIBLE TO PERFORM WORK FOR END-USE CUSTOMERS ON TVA-PROMOTED ENERGY EFFICIENCY AND DEMAND RESPONSE PROJECTS, NEITHER TVA NOR TVA POWER DISTRIBUTORS WARRANT THE QUALITY OR APPROPRIATENESS OF THE WORK PERFORMED BY ANY PPN MEMBER REGARDLESS OF ITS ADHERENCE TO ESTABLISHED PPN REQUIREMENTS OR ITS ACCEPTANCE INTO MEMBERSHIP IN THE PPN, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF. IT IS EXPRESSLY RECOGNIZED AND AGREED THAT THE PPN MEMBER SHALL PROMINENTLY INCLUDE SUCH A WARRANTY DISCLAIMER IN ANY ARRANGEMENTS THAT IT MAY MAKE IN CONNECTION WITH ITS PPN MEMBERSHIP.

No Legal "Partnership"

IN THE PROMOTION AND SOLICITATION OF SUPPORT FOR THE PPN, ALL PPN MEMBERS AND TVA SHALL INCLUDE APPROPRIATE DISCLAIMERS, APPROVED BY THEIR COUNSEL, TO THE EFFECT THAT THE USE OF THE TERM "PARTNER" DESCRIBES A GENERAL WORKING RELATIONSHIP, AND IS NOT TO BE CONSTRUED TO REPRESENT THAT ANY PPN MEMBERS, TVA, TVA POWER DISTRIBUTOR, OR PPN ARE PARTIES TO A LEGAL PARTNERSHIP OR OTHER JOINTLY CONTROLLED AND OPERATED BUSINESS ENTITY ARRANGEMENT BETWEEN PPN MEMBERS ON ONE HAND, AND TVA OR TVA POWER DISTRIBUTOR ON THE OTHER, OR BETWEEN TVA AND TVA POWER DISTRIBUTOR.

I understand that TVA may make changes to the requirements for PPN membership. I will become a member of the PPN on the date TVA verifies that I have met all membership requirements. I may withdraw from the PPN at any time with a fifteen (15) day written notice to TVA. By signing, I certify that the information provided is correct and authorize TVA to check my credit history.

Applicant/Member Authorized Signature _____ Date _____